## FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 460 AND/OD

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	April 30, 2008						
Estimated average burden							
hours per respo	nse16.00						

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SECTION 7(0), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION
ame of Offering ( check if this is an amendment and name has changed, and indicate change.)
/isioneered Image Systems, Inc. Private Offering of Series B Preferred Stock
iling Under (Check box(es) that apply): Rule 504 Rule 505 Z Rule 506 Section 4(6) ULOE  ype of Filing: New Filing Z Amendment
A. BASIC IDENTIFICATION DATA
. Enter the information requested about the issuer
ame of Issuer ( check if this is an amendment and name has changed, and indicate change.)
isioneered Image Systems, Inc.
ddress of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
0561 Garden Grove Boulevard, Garden Grove, CA 92843 (714) 638-4446
ddress of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
if different from Executive Offices)
rief Description of Business
Electronic Display Panels WAR 2 0 2006
ype of Business Organization    corporation   limited partnership, already formed   other please specific.     business trust   limited partnership, to be formed
Month Year  Lectual or Estimated Date of Incorporation or Organization: 0 5 0 3 Actual Estimated  Lectual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)
ENERAL INSTRUCTIONS
ederal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 7d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copten Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of Information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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#### & BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ✓ Promoter Beneficial Owner Z Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Boldt, N. Karl Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 10561 Garden Grove Boulevard, Garden Grove, CA 92843 General and/or Check: Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Materna, Anthony C. Business or Residence Address (Number and Street, City, State, Zip Code) 10561 Garden Grove Boulevard, Garden Grove, CA 92843 Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or Check: Box(es) that Apply: Director Managing Partner Full Name (Last name first, if individual) Anthony, David Business or Residence Address (Number and Street, City, State, Zip Code) 1056'i Garden Grove Boulevard, Garden Grove, CA 92843 Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Z Director General and/or Managing Partner Full Name (Last name first, if individual) Hall, Donald Business or Residence Address (Number and Street, City, State, Zip Code) 10561 Garden Grove Boulevard, Garden Grove, CA 92843 Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Las: name first, if individual) Steiner, Lawrence Business or Residence Address (Number and Street, City, State, Zip Code) 10561 Garden Grove Boulevard, Garden Grove, CA 92843 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) **ES-VIS LLC** Business or Residence Address (Number and Street, City, State, Zip Code) c/o Edmund I. Shamsi, Boston Kenmore Realty Corp., 75 Alphonsus Street, Boston MA 12120 Check Box(es) that Apply: ☑ Beneficial Owner ☐ Executive Officer ☐ Director Promoter General and/or Managing Portner Full Name (Last name first, if individual) Phillips W. Smith Family Trust Business or Residence Address (Number and Street, City, State, Zip Code) c/o Phillips W. Smith, Trustee, 5115 North Wilkinson Road, Paradise Valley, AZ 85253

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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		JA BASIC ID	entification data		
2. Enter the information reque	sted for the folk	owing:			
<ul> <li>Each promoter of the i</li> </ul>	ssuer, if the issu	er has been organized v	within the past five years;		
<ul> <li>Each beneficial owner?</li> </ul>	having the powe	r to vote or dispose, or d	irect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive officer	and director of	corporate issuers and of	corporate general and man	aging partners of p	partnership issuers; and
Each general and man:	aging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in-	dividual)		**************************************		
Baker Communications Fund	•				
Business or Residence Address			'ode)		
c/o Simon Lee, General Par				rk 10022	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and S	Street, City, State, Zip C	ode)		
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and S	Street, City, State, Zip C	Code)	···	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and S	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
				<del></del>	Managing Partner
Full Name (Last name first, if in	drvidual)				
Business or Residence Address	(Number and S	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)			<del></del>	
Business or Residence Address	(Number and S	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and S	Street, City, State, Zip C	Code)		
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. 11	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
. W									<sub>S</sub> None				
	what is the minimum investment that will be accepted none any individual?									Yes	No		
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold 0 Debt ..... 9,000,000 8,578,207.17 Equity\*..... Common Preferred Series B 0 Convertible Securities (including warrants) ٥ Partnership Interests 0 ) ...... Other (Specify 8,578,207.17 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases s 8,578,207.17 Accredited Investors 0 Total (for filings under Rule 504 only) ..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of **Dollar Amount** Type of Offering Security Sold Rule 505 .....\_ Regulation A Rule 504 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs..... 90,000 Legal Fees Accounting Fees Engineering Fees

Sale: Commissions (specify finders' fees separately)

1,500

Other Expenses (identify)

COPPERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	and total expenses furnished in response to Part C	ffering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross		\$,908,500.00 \$		
5.	each of the purposes shown. If the amount for	proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and all of the payments listed must equal the adjusted gross Part C — Question 4.b above.				
		**************************************	Payments to Officers, Directors, & Affiliates	Payments to Others		
	Salaries and fees		<b></b>	\$		
	Purchase of real estate		<u></u>			
	Purchase, rental or leasing and installation of a	machinery	¬s	Γìs		
		facilities				
	Acquisition of other businesses (including the offering that may be used in exchange for the	value of securities involved in this				
		•	<del>_</del>			
	= '					
	Other (specify):			. []		
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	Column Totals		<b></b>	Ø 8,908,500.00		
		al Payments Listed (column totals added)				
		D PEDERAL SIGNATURE				
ig	nature constitutes an undertaking by the issuer to	the undersigned duly authorized person. If this notice furnish to the U.S. Securities and Exchange Commis accredited investor pursuant to paragraph (b)(2) of l	sion, <mark>upon writt</mark> e			
ss	uer (Print or Type)		Date			
Vi	sioneered Image Systems, Inc.	I show Chatera	February 20	, 2006		
٧a	me of Signer (Print or Type)	Title of Signer (Pfint or Type)		· · · · · · · · · · · · · · · · · · ·		
	hony C. Materna	President, Visioneered Image Systems, Inc.				

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)